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ABSTRACT

As the elderly population continues to grow, more elderly persons are requiring assistance with activities of daily living. Women are the traditional caregivers to the elderly, and the many women who also participate in the paid labor force must face the challenges of meeting both work and family obligations. Types of elder care assistance not necessarily provided through the workplace include the following: geriatric care managers; homemakers and home health aides; companions/friendly visitors; telephone reassurance systems; respite care; daily money managers; home-delivered meals; chore and home repair; legal assistance or resources; family and medical leave; and assistance with financing care. The following are among ways employers can help their employees with elder care: conduct a needs assessment to determine employees' need for and interest in assistance; refer employees to elder care resource and referral services; offer seminars providing basic information about elder care-related issues; provide employee assistance programs; offer counseling and long-term care insurance; support visiting nurse services and adult day care; develop an elder care pager program; establish flexible spending or dependent care accounts; and assist with transportation. (Concluding this document are the following: list of selected resource materials and organizations; 33 endnotes; and 14 Women's Bureau regional addresses and contacts.) (MN)

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# *Facts on* Working Women

U.S. Department of Labor
Women's Bureau

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## WORK AND ELDER CARE:
### *Facts For Caregivers and Their Employers*

**AN AGING POPULATION, WOMEN WORKERS, AND ELDER CARE**

Today people are living longer and the elderly population is growing.

o In 1995, life expectancy at birth was 75.8 years, compared to only about 35 years when the U.S. was founded.

o In January 1997, 32.3 million (12 percent) of the 261.6 million civilian noninstitutional population in the United States was 65 years of age or older, and the Census Bureau projects that by the year 2050 as many as 1 in 5 Americans could be elderly.

o Between 1990 and 1995, the elderly population 75 years and over was one of two age groups whose rate of population increase outstripped that of other segments. The "oldest old"--those aged 85 and older--are the most rapidly growing elderly age group.

o Most elderly are not in nursing homes, and the number of nursing home residents 85 years of age and over (per 1,000 population) actually decreased 10 percent between 1985 and 1995. Elderly women are much more likely than elderly men to live alone. Eight in 10 non-institutionalized elderly who lived alone in 1993 were women.[1]

An estimated 7.3 million elderly persons--nearly one-quarter of the Nation's elderly population--required assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) in 1994. ADLs include seven personal care activities: eating; toileting; dressing; bathing; walking; getting in and out of bed or chair; and getting outside.

IADLs include six home management activities: preparing meals; shopping for personal items; managing money; using the telephone; doing heavy housework; and doing light housework. In 1994 only about 1.6 million of the elderly requiring assistance with ADLs or IADLs were residing in nursing homes.[2]

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Women are the traditional caregivers to the elderly, and because many also participate in the paid labor force, many must face the challenge of meeting both work and family obligations.

In 1997, 59.8 percent of women 16 years of age and over were in the civilian labor force, i.e., working or looking for work. Only 13 percent of all families fit the traditional model of husband as wage-earner and wife as homemaker. In 61 percent of married couple families, both husband and wife work outside the home.

Today a significant proportion of American households are providing care for an elderly relative or friend and many more expect to do so in the future. Women are more likely than men to be caregivers and to receive care, although an increasing number of men have parental responsibility. Many caregivers are caring for both children and elders. Caregiving impacts on work, causing caregivers to come in late, work fewer hours, and even give up work or retire early.

An estimated 22.4 million U.S. households--nearly one in four--are currently providing informal care to a relative or friend age 50 or older or provided such care at some point during the last twelve months, according to a 1996 survey conducted by the National Alliance for Caregiving and the American Association of Retired Persons.[3]

Examples of caregiving included help with personal needs or household chores, taking care of a person's finances, arranging for outside services, or visiting regularly to see how the person cared for is doing. (The person being cared for was not necessarily living with the caretaker).

The typical caregiver is a 46-year-old woman who is employed and also spends around 18 hours per week caring for her mother who lives nearby (although 4.1 of the 22.4 million households spend at least 40 hours per week and another 1.6 million spend 20-40 hours per week). The average duration of caregiving is 4.5 years. The typical care recipient is a 77-year-old woman who lives alone and has a chronic illness. The study also found that:

- Seventy-two percent of caregivers are women. Asian caregivers are most evenly split among female and male caregivers (52 percent of Asian, 77% of Black, 74% of White, and 67% of Hispanic caregivers are women).
- Sixty-four percent of caregivers are working full- or part-time.
- Forty-one percent of caregivers are caring for children under 18 at the same time as elderly relatives or friends.
- Half of employed caregivers reported taking time off, coming in later, or working fewer hours, six percent gave up work entirely due to caregiving, and 3.6 percent took early retirement.
- When asked what kind of help or information caregivers could use most, survey respondents requested "free time, time for myself" most frequently, and 38 percent said that they didn't know what help or information they could use.

An earlier study found that of the seven percent of workers who cared for an elderly parent, grandparent, in-law, relative, friend, or spouse, 50 years or older, 56 percent were women and 44 percent were men. It also found that 72 percent of the elders cared for were female; the average age of the elders was 74; 92 percent of elders cared for were family members; and 19 percent of elders lived with their caregivers, 46 percent lived 20 minutes or less from the caregiver, and 18 percent lived over one hour away.

Elders received, on average, eight hours of direct personal care such as bathing, dressing, and feeding, and an additional 3.7 hours of indirect care such as phone calls and shopping. Women provided more direct care than men (14.2 hours vs. 7.5 hours per week), and female caregivers spent an average of 19.9 hours in direct and indirect care compared to the 11.8 hours spent by male caregivers.[4]

A 1986 study of 143 employed and 141 not employed caregivers[5] found that, among employed caregivers:

- most (72%) said working made caring for their relative easier;
- caregivers who fared the best continued to work more than 40 hours a week and could afford substantial in-home help, adult day care, or nursing home care for their relatives;
- an employed caregiver who had to work to make ends meet had a very stressful predicament;
- more than half those employed half-time or more reported missing time at work due to caregiving responsibilities (an average of 9.3 hours);
- over half employed 20 hours or fewer said caregiving caused them to reduce their hours;
- one-fifth (22%) of the not-employed had quit their jobs to provide care full-time; and
- caregivers who quit or reduced their hours drastically had the highest level of stress, had relatives with the most severe behavioral problems, and when they quit, their annual income loss was about $20,400 each.

More than half of Americans (54 percent) say it is likely that they will be responsible for the care of an elderly parent or relative in the next ten years, according to a 1998 national public opinion poll conducted for the National Partnership for Women & Families. Four in ten Hispanic women (40 percent) say it is very likely.[6]

## TYPES OF ELDER CARE ASSISTANCE

Types of elder care assistance, not necessarily provided through the workplace, include:

- Geriatric Care Managers.[7] Professional Geriatric Care Managers (GCM) are professionals in the field of human services (Registered Nurses, Licensed Clinical Social Workers, Gerontologists, Psychologists) trained and experienced in assessment, coordination, and monitoring of services for older adults and their families.

Services may include in-home assessment, arrangements for home care, monitoring/coordination of services, counseling, consultation, placement, information and referral, crisis intervention, and financial management/entitlements.[8]

- Homemakers and Home Health Aides. A Homemaker or Personal Care Worker is supervised by an agency or the caretaker and provides personal care, meal planning, and household management and medication reminders.

A Home Health Aide, Certified Nurse Assistant, or Nurses Aide is supervised by an agency's registered nurse and provides personal care, help with transfers, walking, and exercise; household services that are essential to health care; and assistance with medications.[9]

- Companions/Friendly Visitors. A Companion or Live-In is supervised by an agency or the caretaker and may provide personal care, light housework, exercise, companionship, and medication reminders.[10]

One way in which the Federal government helps provide companion services is through the Senior Companions program. Under the Senior Companions program, a program of the Senior Corps of the Federal Corporation for Public Service, people age 60 and older provide assistance and friendship to elderly individuals who are homebound and, generally, living alone. They can do such things as take care of simple chores, provide transportation to medical appointments, and provide respite care to relieve live-in caretakers for short periods of time.

Senior companions usually serve two to four clients, providing 20 hours of weekly service. The National Senior Service Corps hotline can be reached at 1-800-424-8867.

- Telephone Reassurance Systems. Telephone reassurance systems may be available through such organizations as area agencies on aging, the American Red Cross, or police departments.

For example, the Fairfax Area Agency on Aging provides a free telephone reassurance service whereby a volunteer is matched with an elderly (age 60 or above) homebound or socially isolated individual. The volunteer calls the elderly person weekly.

Through volunteers, the Harlem, Manhattan, and Queens chapters of the American Red Cross in Greater New York provide companionship, reassurance, and a link with community services to isolated homebound seniors through weekly telephone calls (the **Telephone Reassurance Club**).

The **Senior Call Back Program** of the Falls Church, VA Police Department is a computer-run program which, once a day, Monday through Friday, dials up seniors who live or are left alone and who ask to participate.

If the senior doesn't answer, he/she will be called twice more, and if he/she still doesn't answer the third call, the police will follow up to make sure the senior is all right.

- Respite Care. Respite care refers to time off for caregivers, and may be provided in the home, e.g., through home health agencies, or in the community, e.g., by hospitals, nursing homes, churches, or board and care facilities.

  Some respite care programs are offered free by voluntary organizations and some are subsidized by public funds.

  For example, Temple University's Center for Intergenerational Learning has a program--Time Out--in which college students provide respite to families caring for frail elders. Employers can help by covering some of the costs associated with hiring a caregiver so that employees can obtain respite from their caregiving responsibilities.

- Daily Money Managers. Daily money managers can organize and keep track of financial and medical insurance papers, assist with writing checks, and/or maintain bank accounts.[11]

- Home-delivered Meals. One source of home-delivered meals is Meals on Wheels. Meals on Wheels is a non-profit, volunteer-based service that delivers nutritious meals to people who are elderly or disabled, homebound, and unable to prepare their own meals. The typical recipient is a woman over 75 years of age living alone.

  Programs are organized by local communities, churches, charitable organizations, and concerned citizens. Meals-on-Wheels Greater San Diego has a program called "ElderCare" which offers a network of services, including information and referral, needs assessment, counseling and problem solving, daily money management, and WorkSaver.

Through WorkSaver, businesses can refer their employees to Meals-on-Wheels Greater San Diego for solutions to working while trying to care for an elderly relative locally or elsewhere.

- Chore and Home Repair. An example of a delivery mechanism for chore and home repair is Minnesota Chore Corps, which serves the seven county metro area of Minneapolis/St Paul and was created by the Minnesota Department of Human Services. Originally designed for seniors and their families, Minnesota Chore Corps matches callers with businesses that can meet their needs. Seniors need and are searching for products and services that can help them remain independent for as long as possible.

  Such products and services include housing developments; pet-walking services; transportation services; legal services; shopping assistance; house cleaning; nutritious, home-delivered meals; self-defense classes; minor/major home repair services; financial planning; customized banking services; companionship; in-home personal care; and weekly in-home services such as doing laundry and taking out the trash.

  Participating businesses are screened for appropriate liability insurance, bonding, licensing, and references. Chore Corps businesses charge reasonable rates and may offer senior Chore Corps discounts.

- Legal assistance or resources through such organizations as the National Academy of Elder Law Attorneys, Inc. and the American Bar Association's Commission on Legal Problems of the Elderly. Materials produced by the latter, such as the fact sheets packet on law and aging, could be made available at the worksite.[12] The packet addresses legal resources for older persons and includes a fact sheet written for older persons and their families.

- Family and Medical Leave. Under the Federal Family and Medical Leave Act (FMLA), a covered employer must grant an eligible employee up to 12 work weeks of unpaid leave in a 12 month period to care for an immediate family member (spouse, child, or parent--but not a parent "in-law") with a serious health condition.[13] The law permits an employee to elect, or the employer to require, the employee to use accrued paid leave, such as vacation or sick leave, for some or all of the FMLA leave period. Employees may also be eligible for family and medical leave to care for an elderly relative through voluntary policies offered by their employer or negotiated by a labor organization.

  For example, in 1995 American Federation of State, County and Municipal Employees (AFSCME), Local 1635, negotiated a contract which allows employees to use paid accrued sick leave, personal leave, and vacation credits to care for a sick child or family member.

Federal employees have a variety of options for obtaining and taking leave related to caregiving responsibilities. In addition to FMLA, the Federal Employees' Family Friendly Leave Act permits employees to use up to 13 days of sick leave each year for **routine** family medical purposes. Moreover, employees can use up to 24 hours of leave without pay for elderly relatives' health or care needs. There are also leave transfer and leave bank programs.

- Assistance with financing care

Assistance with financing care may be available from both public and private sources, e.g., Medicare, Medicaid, private health insurance, and employers.

A major public source of financing is the health insurance commonly known as **Medicare**, which provides health insurance protection to the aged, disabled, and those suffering from end-stage kidney disease. There are two parts to the Medicare program.

Medicare hospital insurance (Part A) helps pay for inpatient hospital care, inpatient care in a skilled nursing facility, home health care and hospice care.

Medicare medical insurance (Part B) helps pay for physician services, outpatient hospital services, outpatient physical therapy, and other medical services, supplies and equipment not covered by Medicare Part A.

Medicare does not cover long-term or custodial care. Part A pays the full cost of medically necessary home health care and 80 percent of the approved cost for durable medical equipment supplied under the home health benefit. With regard to home health services, Part B generally pays 80 percent of the Medicare approved amounts for home health services to those beneficiaries who do not have Part A.[14]

Some respite care may be covered by Medicare, Medicaid, private health insurance, or programs under the jurisdiction of State agencies.[15]

The Federal **Medicaid** law authorizes Federal matching funds to assist the states in providing health care for certain low-income persons. The states have considerable flexibility in structuring their programs and there are substantial variations from state to state. Medicaid provides health and long-term care coverage to approximately 37 million Americans and their families. It covers several million senior citizens for long-term care benefits that provide financial protection for beneficiaries, spouses, and the adult children of those requiring nursing home care. Home and Community-based Services waivers enable states to use home care as an alternative to costly nursing home care. Case management services are among the most frequently covered optional services that States may elect to provide.[16]

An example of financial assistance in the private sector is the child and elder care fund Hotel and Restaurant Employees, Local 2, negotiated with the San Francisco Hotels Multi Employer Group in 1994. Currently, the hotels contribute $ .15 for eligible members for every hour worked. The fund reimburses members for care for a disabled spouse, disabled domestic partner, parent, current parent-in-law or grandparent living in the Bay Area (up to $150/month). Services that are reimbursable must be related to the health or well-being of the older/disabled adult.

## WAYS EMPLOYERS/LABOR ORGANIZATIONS ARE HELPING/CAN HELP EMPLOYEES WITH ELDER CARE

MetLife has estimated that the aggregate costs of caregiving in lost productivity to U.S. business is $11.4 billion per year, based on data from findings from a national survey on caregiving. They consider this calculation to be very conservative.

The total costs would exceed $29 billion per year if caregivers providing care at lesser levels of caregiving, those working part-time, and long-distance caregivers were included in the calculation.[17]

In 1994, 33 percent of full-time employees in small private establishments were eligible for elder care benefits in the form of paid leave, paid leave of absence policies, employer-sponsored adult day care centers and employer-subsidized day care for the elderly. Elder care resource and referral services were not included. Although smaller establishments typically provide fewer benefits than larger establishments, full-time employees in medium and large private establishments were slightly less likely to be eligible for elder care benefits (31 percent).[18]

A survey of work and family benefit plans for **salaried employees** of 1,050 major U.S. employers (Fortune 100 and 500 companies) by Hewitt Associates found that in 1996, nearly one-third of the employers offered elder care programs, an increase of 17 percent over the number offering elder care assistance in 1991.

The most common approach to elder care assistance was resource and referral programs, offered by 79 percent of the employers with elder care programs. Long-term care insurance was offered by 25 percent of the employers with elder care programs, up from five percent in 1991.[19]

According to another study, a 1997 study of **wage and salary workers** in the U.S., only one in four employees has access to elder care resource and referral services through his or her employer.[20]

In the 1992 National Study of the Changing Workforce, the Families and Work Institute pointed out that primary reliance on workplace programs results in an unequal distribution of benefits in society. Higher-income workers and better-educated workers have far more access to health insurance and pension plans, flexible time and leave programs, and dependent care assistance than their less advantaged counterparts.

Supervisors' attitudes and behavior are also important in influencing usage when work/life benefits are offered.

In a survey by Intracorp many respondents report that a benefit may exist on paper, but managers send mixed signals if employees try to use the benefit. The survey also found that employees' comfort level in using work/life benefits ties directly to managerial encouragement and supportiveness of the work environment.[21]

That said, the following are some of the ways in which employers and labor organizations are helping and can help their employees with elder care.

Needs survey. Employers can determine their employees' need for and interest in assistance with elder care by conducting a needs survey.[22] For example, in 1990 the Social Security Administration and the American Federation of Government Employees conducted a joint needs assessment survey. SSA has 14,000 employees at its Headquarters in Baltimore, two-thirds of whom are women. Over 2,000 responded saying they needed support with their caregiving responsibilities.

Whirlpool Corporation of Benton Harbor, Michigan, also did a dependent care needs assessment by location.

Elder Care Resource and Referral. Resource and referral services for elder care helps familiarize employees with the array of services for the elderly, including medical, custodial, legal, and counseling services.

Employers also provide needed information about elder care through seminars, support groups, handbooks, hotlines, and employee assistance programs.

For example, through the Metropolitan Employers Dependent Care Association (MEDCA) in Colorado, administered by The Work Options Group, participating small- to mid-sized employers offer a broad range of "dependent care" programs to their employees.

Among the services MEDCA provides are a national adult care consultation and referral service. Through a toll-free number, the Care Connection offers a free phone consultation with a professional care counselor to assist with such things as identifying adult day care needs, personalized resources and referrals to anywhere in Colorado where the caller's relative lives, general resources for those with relatives outside the state, and educational materials and helpful tips.

Coopers & Lybrand, a big six accounting firm with 19,000 employees nationwide, offers its employees and their families Life Balance Partners, which is provided by Ceridian Performance Partners. This is a nationwide resource, referral, and consulting service designed to assist employees with child care, parenting, elder care, and work/life balance needs. Employees call a toll-free number to speak with a consultant who will research their concerns and provide comprehensive educational and consultation assistance.

In 1995, Bausch & Lomb introduced LifeWorks, a broad spectrum program to assist employees in several areas, including elder care resource and referral. At Bausch & Lomb, elder care resource and referral is among the most frequently used services provided by the LifeWorks program.

Based upon specific requests at corporate headquarters, Whirlpool Corporation introduced an elder care referral service provided by Senior Services of Kalamazoo, MI.

Resource information can also be provided by means of handbooks, guides, or guidebooks. For example, in 1989, ELC Associates of Cupertino, California prepared for Region IX of the U.S. Department of Labor an elder care resource guidebook, which provides basic information and lists community resources in Northern and Southern California areas.

The University of California, Berkeley, has prepared A Guide for Balancing Work and Family, which has a section on Elder/Adult Dependent Care, with information on setting up a care plan, home care and day care, housing options, nursing homes, financial and legal concerns, death and dying, and selected community resources.

Seminars. Seminars may be used to provide basic information, to help assess needs,[23] or to supplement another kind of service. Formats may include presentations by experts or brown bag lunches and may consist of single workshops or a series, usually on-site.

For example, Blue Cross and Blue Shield of Massachusetts began offering brown bag luncheon seminars on life topics in 1995.

Support Groups. Support groups are sponsored by hospitals, nursing homes, social service agencies and health associations.[24] AARP Online sponsors a caregiver support chat group on America Online.

Employee Assistance Programs. In one study, among respondents using employee assistance programs, the heaviest users were employees with both elder care and child care responsibilities.[25] Employee Assistance Programs could serve in a variety of roles to coordinate and assist in the development and procurement of elder care services.[26]

Caregiver Fairs. Caregiver fairs are another vehicle for providing caregivers with information on resources. For example, the Social Security Administration holds a senior services exhibition every two years. It prepares a publication listing the participating organizations, which it passes out in advance of the exhibition.

Exhibitors include organizations dealing with Social Security and Medicare, adult day care services, chore service/companions care, financial services and long-term care insurance, home health services, hospice care services, legal services, long distance caregiving information, transportation services, and more.

Some companies participating in the American Business Collaboration for Quality Dependent Care, such as Citibank and GE Capital Services, offer on-site caregiver fairs.

They are usually four hours long and held in a strategic location such as a cafeteria or lobby and include creative promotional activities, elder care service vendors who run exhibits, and 6-8 mini-tip sessions in conjunction with the fair to address a variety of elder care issues.

Counseling. The University of California, Berkeley, for example, has a pilot program under which an on-site counselor, a licensed clinical social worker, provides assessment and counseling to faculty and staff on elder care and adult dependent care issues.

Long-term care insurance. This type of insurance helps employees pay for long-term care for themselves or dependent children, spouses, or parents. It is designed to fill gaps in Medicaid and Medicare coverage. Long-term care insurance may cover home care, assisted living facilities, or hospice care, and some policies pay for family caregiving.

Long-term care insurance was one of eight work/life benefits getting the most frequent use in a study of acceptance and use of work/life benefits in U.S. companies with 500 or more employees nationwide;[27] however, in 1994, only one percent of full-time employees in small private establishments and six percent of full-employees in medium and large private establishments were eligible for long-term care insurance.[28]

The greatest increase in long-term care insurance has occurred in employer-sponsored group long-term care insurance, a 60 percent increase in the last two years. Almost one-third of the States have passed laws providing for tax deductions for long-term care.[29]

Visiting Nurse Services. Companies can provide reimbursement or direct subsidies to employees for visiting nurse costs, thereby making it easier for employees to go to work when medical needs arise among elderly dependents.

Adult Day Care, including Intergenerational Day Care. Employers can support local, adult day care centers with financial or in-kind contributions.

Although there is no legislation authorizing Federal agencies to use space for adult day care centers, Easter Seals and the Employee Activities Association (EEA) located at the Social Security Administration (SSA) and the Health Care Financing Administration (HCFA) in Baltimore, Maryland, are sponsoring Break-a-Way, a conveniently located, affordable senior adult day program for elderly relatives of employees.

The EEA is a non-profit employees group that provides services (e.g., fitness centers and child care centers) to employees at SSA and HCFA. The center is a public private partneship, with the Baltimore County Department of Aging coordinating the provision of meals and donating furniture, and the University of Maryland medical system, Kernan Hospital, providing medical oversight, including comprehensive geriatric medical care.

The center opened in 1997 and serves up to 50 people a day. Although it is designed to serve elderly adults, younger adults with disabilities may also enroll.

The center is open from 7:00 A.M. to 6:00 P.M., but there are options for extended care before and after the daily program or for four-hour blocks during the normal daytime hours. There is transportation from home and back for persons who live within a 3-mile radius of the center.

Emergency Care. The purpose of emergency care is to assure that care will be available when regular arrangements are not, or when other circumstances dictate a short-term need.

For example, in 1995 the Bay Area Emergency Care Consortium, a consortium of seven San Francisco Bay area businesses, primarily law firms, began a program, at no cost to employees, for emergency in-home child and elder care. The program is administered by Caregivers on Call. The service, which is either fully or partially subsidized, is available 24 hours per day, seven days per week, year-round, when employees' usual child or elder care arrangements fall through or are not available at a time when the employee must go to work or fulfill a work assignment.

Elder Care Pager Program. Until it was acquired by another bank, First Interstate Bank had an elder care pager program whereby the bank provided a pager (at no cost to employees) to employees with needs related to elder care for as long as they had the need.

Flexible Spending or Dependent Care Accounts. In Dependent Care Assistance Programs (DCAPs), the popular name for salary reduction plans, the employer and employee agree to reduce the employee's income by a certain amount to be placed in a dependent care assistance fund for the employee. Through such an agreement, the employee is not taxed on the amount set aside for dependent care assistance. This program is more likely to benefit higher income workers because low income workers may not be able to afford to have their income reduced. Employee benefit surveys suggest that only a small percentage of employees use such accounts, although some companies subsidize employee contributions to the accounts.[30]

Flexible Schedules and Leaves of Absence. For example, Blue Cross and Blue Shield of New Jersey has a policy allowing alternative work scheduling. The arrangements--telecommuting, compressed work weeks, job sharing, part-time employment, flextime, and biweekly work arrangements-- vary by division based on operational needs.

Case Management. Some employers make in-home assessment available to their employees. For example, under one of the components of the City of Scottsdale, Arizona's, comprehensive elder care program, a Certified Independent Social Worker can go to the elder relative's home, conduct an interview, make an assessment, and provide the employee with recommendations and resources.

This helps the employee determine if their relative can continue to live alone, what services are necessary to do so, and the availability and cost of these services. Follow-up service and coordination is provided as necessary to ensure families' satisfaction with the care plan. The service is available to all City employees, at no cost to the employee, whether their elder relative lives in the Scottsdale area or elsewhere.

Transportation. Transportation is one of the instrumental activities of daily living that caregivers help elderly relatives and friends with the most. Almost eight in 10 family caregivers (79 percent) say they help with transportation.[31] The American Business Collaboration for Quality Dependent Care (ABC), a national coalition led by 22 member companies, is helping to create a national model on escorted transportation for the elderly dependents of employees.

ABC resources are being used to develop national guidelines and expand existing programs by finding transportation providers and recruiting and training those who drive and escort older adults. Once the program is established in a community, elderly dependents of employees of ABC companies can call on these transportation providers whenever they require transportation. Usually there is a nominal fee.

Because considerable caregiver time can be spent transporting elderly relatives to medical appointments and for other needs during business hours, the provision of escorted transportation can help lower absenteeism, reduce workday disruptions and stress, and improve productivity.[32]

Elder care assistance for employees doesn't have to be costly. Low-cost and no-cost ways for employers to provide employees with eldercare information include: community resource directories, brochures on eldercare, and posters or table-top displays available from area agencies on aging; "lunch and learn" presentations; including a segment on caregiving in pre-retirement planning programs; articles in company newsletters; and dependent care booklets containing information on such employee benefit policies as leaves of absence, sick leave, flexible work schedules, telecommuting, and flexible spending accounts.[33]

Labor organizations can obtain additional ideas for helping employees they represent who have elder care needs from the fact sheet Bargaining for Elder Care prepared by the Labor Project for Working Families and the Working Women's Department of the AFL-CIO.

## SELECTED RESOURCES

1. Elder Care Locator, 1-800-677-1116, Monday-Friday, 9:00 A.M.-11:00 P.M., a public service of the Administration on Aging, U.S. Department of Health and Human Services, administered by the National Association of Area Agencies on Aging, and the National Association of State Units on Aging. Helps caregivers locate services for older adults in their own communities.

2. U.S. Administration on Aging, U.S. Department of Health and Human Services, 330 Independence Avenue, SW, Washington, DC 20201.

3. National Association of State Units on Aging (NASUA), 1225 I Street, NW, Suite 725, Washington, DC, 20005, (202)898-2578. NASUA is a national, non-profit, public interest organization which provides information, technical assistance, and professional development support to its members--the 57 State and territorial government agencies on aging. The organizational units of NASUA include home and community based services, elder rights, aging program management and administration, and communications and development. NASUA operates a National Resource Center on Long Term Care and the National Information and Referral Support Center, both funded by the Administration on Aging, as well as AGE-NET, an electronic bulletin board. It also collaborates with other organizations on the Eldercare Locator, the National Resource Center on Elder Abuse, and the National Long Term Care Ombudsman Resource Center Programs.

4. National Association of Area Agencies on Aging, Inc., 1112 16th Street, NW, Suite 100, Washington, DC 20036-4823, (202)296-8130. Represents a majority of the more than 660 area agencies on aging. Its mission is to assist older Americans, allowing them to stay in their own homes and communities with maximum self-dignity and independence for as long as possible. Publishes the National Directory for Eldercare Information and Referral.

5. The Medicare Hotline, Health Care Financing Administration, U.S. Department of Health and Human Services, 1-800-638-6833.

6. "Survival Tips for New Caregivers" (video) and Before You Buy: A Guide to Long-Term Care Insurance, American Association of Retired Persons, 601 E Street, NW, Washington, DC 20049.

7. National Alliance for Caregiving, 4720 Montgomery Lane, Bethesda, MD 20814, (301)718-8444. The NAC is a non-profit joint venture of several national aging organizations that have allied themselves to focus attention on the issue of family caregiving of the elderly through research, program development, and public awareness activities. NAC has published the brochure *LINKAGES, Resources for People Caring for Older Relatives*, and has sent to libraries across the country information on caregiving books and videos, helping caregivers find local community services, Internet resources, and resource organizations.

8. Children of Aging Parents (CAPS), 1609 Woodbourne Road, Suite 302A, Levittown, PA 19057, (215)945-6900, 1-800-227-7294. CAPS is a non-profit, charitable organization with a national mission to assist the caregivers of the elderly with reliable information, referrals, and support.

9. Tom Pugh, Worklife Enrichment & Studies Team, Center for Employee Services, Social Security Administration, G122A West High Rise Building, 6401 Security Boulevard, Baltimore, MD 21235, (410)965-0479.

10. Family Survival Project, 425 Bush Street, Suite 500, San Francisco, CA 94108, (415)434-3388 or in California, toll-free (800)445-8106. Family Survival Project was the first community organization in the country created to assist families and caregivers of adults suffering from Alzheimer's Disease and other brain disorders that are acquired in adult years. It operates a six-county regional resource center in the San Francisco Bay Area providing information and referral, family support services such as counseling and respite care, and community education and technical assistance.

11. Bay Area Emergency Care Consortium. Contact Marsha Cooper, Managing Director, or Peggy Gluck, Director, Caregivers on Call, at 1-800-225-1200.

12. Ms. Fiona Wong, Human Resources Representative, Bausch & Lomb, One Bausch-Lomb Place, Rochester, NY 14604, (716)338-5737.

13. Ms. Lisa Jaicks, Local 2/Hospitality Industry Child and Elder Care Plan, 209 Golden Gate Avenue, San Francisco, CA 94102, (415)864-8770, Ext. 720.

14. Ms. Debra A. Terry, Human Resources Manager, Whirlpool Corporation, 2000 US 33 North, Benton Harbor, MI 49022, (616)923-7493.

15. Ms. Marie Heshczuk, Director of Work/Life Initiatives, Coopers & Lybrand, 400 Renaissance Center, Detroit, MI 48243, (313)446-7358.

16. Mr. Brian Woods, Vice-President, AFSCME Local 1635, 2680 Ridge Road, West Suite 203, Rochester, NY 14626, (716) 227-3210.

17. Ms. Jane Dann, Consultant/Human Resources, Blue Cross and Blue Shield of New Jersey, 3 Penn Plaza East, PP-06X, Newark, NJ 07105, (973)466-5212.

18. The Work Options Group, 1017 South Boulder Road, Suite F, Louisville, CO 80027, (303)604-6545, Toll Free 1-888-610-CARE. E-mail: workopts@indra.com.

19. Mr. Patrick Conlin, Manager, CARE Services, Tang Center, Room 3100, University of California, Berkeley, CA 94720-4300, (510)643-7754.

20. Ms. Lisa Reeves, Vice President, Program Services, Easter Seals, 1-800-862-1377 or (410)298-0991.

21. Elder Care Pager Program, First Interstate Bank. For information, contact Juan Mavridis, former Assistant Vice President, First Interstate Bank, at 1551 East Vine Avenue, West Covina, CA 91791, (626)918-4547.

22. *Questions and Answers When Looking for an Elder Law Attorney*, National Academy of Elder Law Attorneys, Inc. 1604 North Country Club Road, Tucson, AZ 85716, (520)881-4005.

23. Mr. Joe Marduesz, Worklife Coordinator, City of Scottsdale, 7575 E. Main, Suite 205, Scottsdale, AZ 85251, (602)994-7803.

24. Working Women's Department, AFL-CIO, 815 16th Street, NW, Washington, DC 20006, (202)637-5064.

25. Ms. Paulette Kutzler, Minnesota Chore Corps, 6015 Cahill Avenue East, Inver Grove Heights, MN 55076, (612)450-7254.

26. Center for Intergenerational Learning, 1601 North Broad Street, Room 206, Philadelphia, PA 19122, (215)204-6970.

27. *Aging Parents and Common Sense, A Practical Guide for You and Your Parents*, The Equitable Foundation and Children of Aging Parents, Copies can be obtained from The Equitable Foundation, P.O. Box 9362, Farmingdale, NY 11735, for $3.00 for shipping and handling.

28. National Meals on Wheels Foundation, 1-800-999-6262.

29. American Business Collaboration for Quality Dependent Care, 1-800-767-9863.

**Endnotes**

1 Health United States 1996-97 and Injury Chartbook, DHHS Publication No. (PHS) 97-1232, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, July 1997; U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990 to 1996, U.S. Bureau of the Census, Population Division, Population Projections Branch; Sixty-Five Plus in the United States, Statistical Brief, U.S. Census Bureau, May 1995.

2 Long-Term Care for the Elderly, CRS Issue Brief, Congressional Research Service, Updated December 1, 1997; Chapter 1 (Health Status) in Chartbook on Health Data on Older Americans, Centers for Disease Control and Prevention, National Center for Health Statistics, (year).

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8 "When an older person needs assistance...call a Professional Geriatric Care Manager," the Mid Atlantic Chapter of National Association of Professional Geriatric Care Managers, (703)528-8929.

9 "Elderaction: Action Ideas for Older Persons and Their Families," Administration on Aging, U.S. Department of Health and Human Services, http://www.aoa.dhhs.gov/aoa/eldractn/caregive.html.

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15 *Finding Your Way Through the Home Care Maze: A Practical Guide for the Home Care Consumer*, developed by the Fairfax Area Agency on Aging in cooperation with the Fairfax Home Care Task Force, produced by the Home Care Development Program, April 1997 Edition. Contact (703)324-5432.

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